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Bib Data Sheet

CONFIRMATION NO. 5883

SERIAL NUMBER 10/798,257	FILING DATE 03/12/2004  RULE	CLASS 177	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. JJ-11 384-2US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 36	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <u>KWA</u> Initials _____				

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## TITLE

Method for assessing the operation of a conveying apparatus

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )